| STATEMENT OF ORGANIZATION | | | | OFFI Report Number: | CE USE ONLY 16217 | |
|---|---------------------------------|---|--|------------------------------|--------------------------|--|
| Name and Address of Committee CRESCENT RIVER PORT PILOTS' ASSN. | | | 2. Date of this Statement 1/29/2009 | 7 | 29/2009 | |
| LOCAL PAC 8712 Highway 23 Belle Chasse, LA 70037 | | 3. Estimated Membership | | | | |
| Check If: New Committee | | | 4. Amended Statement? Yes X No | | | |
| 5. All Committee a. <u>Name</u> | e Officers and Directors (inclu | uding Chairperson, Treasurer, b. <u>Position</u> | if any, and any other committee c. Address | officers and directors) | | |
| E. MI | CHAEL BOPP | Chairperson | 8712 Highway 23 | | | |
| | | | Belle Chasse, LA 70037 | | | |
| AJ GIBBS Treasurer | | | 8712 Highway 23 | | | |
| | Belle Chassse, LA 70037 | | | | | |
| 6. Affiliated Organizations (Any organization other than a political committee which directly or indirectly established administers or financially supports this committee.) | | | | | | |
| a. <u>Name</u> | t | o. <u>Address</u> | | c. Relationship | :o Committee | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) | | | | | | |
| a. <u>Name</u> | t | o. <u>Address</u> | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one:Principal Campaign CommitteeSubsidiary Committee | | | | | | |
| b. Name of 0 | Candidate | | С. | Office Sought by the Candida | ate | |
| 9. a. Name of Person Preparing Report JAMES BURLAND b. Daytime Telephone 2257677163 | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. | | | | | | |
| This 29th day of January , 2009 . | | | | | | |
| E Michael Bopp | | | | <u>50439250</u> | 016 | |
| | Signature of Committee/Ch | airperson | | Daytime Tel | | |
| | AJ Gibbs | | | <u>50439250</u> | 016 | |
| Signature of Committee Treasurer, if any | | | | Daytime Tel | | |

Form 200, Rev. 12/03